NEW HAMPSHIRE DEPARTMENT OF ENVIRONMENTAL SERVICES

APPLICATION FOR THE CONSTRUCTION OF NEW AND SUBSTANTIALLY MODIFIED PETROLEUM **ABOVEGROUND STORAGE TANK (AST)** FACILITY
(ENV-WM 1402)

NEW HAMPSHIRE DEPARTMENT OF Environmental Services

STATE USE ONLY:

DATE RECEIVED: _____

DATE ISSUED: _____

MUNICIPAL NOTIF: _____

FACILITY NUMBER: _____

New Hampshire Department of Environmental Services
Waste Management Division
Oil Remediation and Compliance Bureau

P.O. Box 95
Concord, New Hampshire 03302-0095
Telephone: (603) 271-3644

CERTIFICATION OF MUNICIPAL NOTIFICATION

To meet the requirements of RSA 541-A:22, the undersigned certifies that on _____, a copy of this completed application was
(Date)
mailed to the Fire Chief of _____ (the town in which the facility is located).

Date: _____ Signed: _____
(Applicant)

Name and Distance to Nearest Surface Water: _____

1. Per Env-Wm 1402.17: At least 45 days prior to commencing construction or installation of a new or replacement AST system with an oil storage capacity of more than 660 gallons, the owner shall submit complete plans and specifications to the Department of Environmental Services.

2. Per Env-Wm 1402.17: All plans and specifications shall have been prepared and stamped by a New Hampshire Licensed Professional Engineer.

3. Per Env-Wm 1402.05, a registration form shall be filed with DES prior to beginning operation of a new facility.

4. Per Env-Wm 1402.06, an amended registration form shall be filed with DES no later than 30 days after changing the use of or substantially modifying an existing AST system.

5. Per Env-Wm 1402.05(f), no person shall operate an aboveground storage facility which is not registered with DES.

6. Per Env-Wm 1402.30, all AST facilities shall have prepared and instituted a Spill Prevention Control and Countermeasure Plan in accordance with 40 CFR 112.

FACILITY INFORMATION	OWNER INFORMATION
LOCATION NAME: _____	OWNER NAME: _____
CONTACT PERSON: _____	CONTACT PERSON: _____
LOCATION ADDRESS: _____	OWNER ADDRESS: _____
CITY/TOWN, ZIP CODE:_____	CITY/STATE _____
ZIP CODE: _____	ZIP CODE: _____
TAX MAP NO.: _____ LOT NO.: _____	TELEPHONE NUMBER:_____
TELEPHONE NUMBER: _____	E-MAIL ADDRESS (if applicable):_____

DOES THIS FACILITY HAVE EXISTING ABOVEGROUND TANKS? _____ (YES/NO)

EXISTING FACILITY I. D. NUMBER: _____

RETURN COMPLETED APPLICATION TO THE ADDRESS ABOVE:

To facilitate the review process and reduce review time, please provide as much of the following information as possible, where applicable. Incomplete or missing information may be cause for rejection of submittal and/or extend review time.

NOTE: Any page may be copied and submitted as additional information

I. FACILITY PLAN

THE FACILITY PLAN SHALL COMPLY WITH Env-Wm 1402.17 (b), REQUIREMENTS FOR APPROVAL OF AST SYSTEMS."

Facility/system plan shall include:

(a) An accurate scaled diagram (22" X 34") showing a plan view of tank(s) location, all piping, transfer locations, structures, appurtenances, north arrow, and 100 year flood plain information.

(b) A detailed tank diagram (22" X 34") showing secondary containment, leak detection, product type, piping (indicate slope and pipe cover depth, if underground), piping termination details, flex connectors, method of support (if aboveground), and material(s) specifications, vent(s), overfill protection, check valve(s), and material(s), specifications, complete engineering designs and documentation.

(c) Description of the AST including capacity, construction, manufacturers name and address, model number, supplier's name and address, and any other supporting documentation on equipment and materials as necessary to describe the facility.

(d) Dated and signed New Hampshire professional engineer stamp.

(e) Site location (locus) map or USGS 7.5 minute series.

II. TANK INFORMATION

ALL TANKS SHALL COMPLY WITH Env-Wm 1402.18, "TANK STANDARDS FOR NEW AST FACILITIES."

A. TANK

	TANK:	TANK:	TANK:	TANK:	TANK:	TANK:
a. Capacity in Gallons(nominal/actual)						
b. Horizontal or Vertical tank?						
c. Shop-fabricated or Field-erected?						
d. Tank diameter						
e. Tank height/length						
f. Product to be stored						
g. Tank Manufacturer						
h. Foundation Type						
I. Is proposed tank double walled?						
j. Is proposed tank fire protected iaw UL 2085?						
k. Is proposed tank in contact with the soil?						
l. Will proposed tank be installed in an underground vault?						

Additional Comments/ Information: _____

_____

_____

_____

III. PIPING INFORMATION

CHECK ALL THAT APPLY:

□ Pressurized or suction piping above ground (Complete Part III A)

□ Pressurized or suction piping below ground (Complete Part III B)

□ Marina - Over surface waters (Complete Part III C)

A. ABOVE GROUND PIPING (check as applicable) □ Pressurized Piping □ Suction Piping

Manufacturer's Name _____ Material of Construction:-_____

Manufacturer's Part Number(s): _____

Pipe Size: (if more than one size give range): _____

Pipe Schedule: _____

Method of Assembly: _____

Type of pipe support and average spacing: _____

Number of and type of valves: _____

How will tank be protected from siphoning?: _____

B. BELOW GROUND PIPING (check as applicable) □ Pressurized Piping □ Suction Piping

1. PIPING

	PRIMARY	SECONDARY
Manufacturer's Name		
Manufacturer Model Number		
Material of Construction		
Pipe Size: (if more than one size give range)		
Pipe Schedule		
How will tank be protected from siphoning?		
Location of check valves		

2. CONTAINMENT SUMP - Per Env-Wm 1402.22 (c), piping systems with secondary containment shall be pitched to direct any leakage from primary piping to a containment area.

Manufacturer Name: _____ Manufacturer Model No. :_____

Material of Construction: _____ Sump sensor manufacturer:_____

Sump sensor part number: _____

NOTE: Please include a cut sheet detailing the specifications of any proposed sump sensors.

C. ABOVE GROUND PIPING OVER SURFACE WATERS (Marinas)

1. PIPING

	PRIMARY	SECONDARY
Manufacturer's Name		
Manufacturer Model Number		
Pipe Schedule		
Pipe Size: (if more than one size give range)		
Material of Construction		
Method of Assembly		
Location of check valves		
How will tank be protected from siphoning?		
Pipe Support and Average Spacing		

2. CONTAINMENT SUMP - Per Env-Wm 1402.22 (c), piping systems with secondary containment shall be pitched to direct any leakage from primary piping to a containment area.

Manufacturer Name: _____ Manufacturer Model No. :_____

Material of Construction: _____ Sump sensor manufacturer:_____

Sump sensor part number: _____

IV. CATHODIC PROTECTION

PER Env-Wm 1402.19 (l) - ALL STEEL OR METALLIC PIPING IN CONTACT WITH OR COMPLETELY SURROUNDED BY SOIL SHALL BE CATHODICALLY PROTECTED.....Env-Wm 1402.18(d)(2).....CONTINUOUS CORROSION PROTECTION SHALL BE INSTALLED IN ACCORDANCE WITH Env-Wm 1402.20 FOR ANY STEEL OR OTHER METAL IN CONTACT WITH THE GROUND

A. Type of Cathodic Protection (circle one): Sacrificial Anodes Impressed Current Other (Describe)

_____

B. Brief Description of Cathodic Protection System (e.g. types of anodes, spacing, rectifier power, etc)

_____

_____

_____

_____

_____

C. Designer of Cathodic Protection System:

Name: _____ Company: _____

Certifying Organization (NACE, ASME, STATE BOARD, etc.) : _____ Certification Number: _____

Phone Number: _____

V. SECONDARY CONTAINMENT

PER Env-Wm 1402.21(a) - NO PERSON SHALL CONSTRUCT OR OPERATE ANY NEW AST SYSTEM WITHOUT SECONDARY CONTAINMENT

A. Type of Secondary Containment (e.g. dike, berm, dike tank, double-walled tank, remote impoundment, etc.)

_____

B. Will tank be located inside a building? (Circle one)

YES NO

C. What is the volume of secondary containment? (In gallons)

_____

D. Is secondary containment protected from rain/snowfall? NO YES if so, how? (Circle one)

_____ _____

E. How will accumulated stormwater be handled? (Answer, if only if you answered NO to question V D above).

_____

VI. OVERFILL PROTECTION

A. What kind of gauge(s) will be installed on the tank system(s)? NOTE: Please include a cut sheet detailing the specifications of the proposed gauge. Please show the location of the proposed gauge on the plan.

_____ _____
Manufacturer Model Number

B. What kind of high level alarm system(s) will be installed on the tank(s)? NOTE: Please include a cut sheet detailing the specifications of the highlevel alarm system.

_____ _____
Manufacturer Model Number

C. Where will the light and audible alarm be located? _____

D. At what height from the bottom of the tank will the high level alarm be activated?

TANK NO.:	TANK NO.:	TANK NO.:	TANK NO.:	TANK NO.:	TANK NO.:

VII. INTERSTITIAL LEAK MONITORING:

Env-Wm 1402.25 (a) - ANY INTERSTITIAL SPACES, INCLUDING BUT NOT LIMITED TO THOSE LOCATED IN DOUBLE-WALLED TANK, DOUBLE-WALLED PIPING, AND DOUBLE BOTTOMS....SHALL BE EQUIPPED WITH INTERSTITIAL LEAK MONITORING EQUIPMENT.

A. Does any portion of the tank system (facility) have annular spaces that will require monitoring?

B. Location(s) (piping, double walled tank, double bottom, etc.):

LOCATION:	MANUFACTURER:	MODEL NUMBER:

LOCATION: (continued)	MANUFACTURER:	MODEL NUMBER

Please include a cut sheet detailing the specification for the proposed equipment used for interstitial monitoring.

VIII. SPILL PREVENTION CONTROL AND COUNTERMEASURE (SPCC) PLANS

PER Env-Wm 1402.30, ALL FACILITIES SHALL PREPARE AND IMPLEMENT A SPILL PREVENTION CONTROL AND COUNTERMEASURE (SPCC) PLAN IN ACCORDANCE WITH 40 CFR 112.
SPCC PLANS SHALL BE CERTIFIED BY A LICENSED PROFESSIONAL ENGINEER.
Owners shall maintain their SPCC plan on the AST facility, unless it is unmanned, then it shall be available for inspection during a normal workday.

IX. ENGINEER OF RECORD AND CONTRACTOR/INSTALLER INFORMATION

ENGINEER OF RECORD:

NAME:_____

COMPANY:_____

PHONE NUMBER: _____

E-MAIL ADDRESS (if applicable):_____

NEW HAMPSHIRE PE LICENSE NUMBER: _____

CONTRACTOR/INSTALLER:

NAME: _____

ADDRESS: _____

CITY/TOWN, STATE, ZIP CODE: _____

PHONE NUMBER: _____

E-MAIL ADDRESS (if applicable):_____

NEW HAMPSHIRE DEPARTMENT OF Environmental Services